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EFFECTS OF JOB TRAINING IN SECONDARY SCHOOL ON EMPLOYMENT OF ADULTS WITH MODERATE/SEVERE MENTAL HANDICAPS.

BY

DAWN LINTON

©

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the requirements for the degree of MASTER OF EDUCATION.

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

Edmonton, Alberta

FALL 1994

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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled EFFECTS OF JOB TRAINING IN SECONDARY SCHOOL ON EMPLOYMENT OF ADULTS WITH MODERATE/SEVERE MENTAL HANDICAPS submitted by DAWN LINTON in partial fulfillment of the requirements for the degree of MASTER OF EDUCATION.

Charles A. Norman

Dr. C. A. Norman

Dr. R. F. Mulcahy

Dr. R. Ware

September 9, 1994

Date

DEDICATION

This work is dedicated to my children, Andrew and Leanne; to my granddaughter, Brittany; and to my students, past and present, with whom I have worked over the years. You have taught me more than any book ever could.

Abstract

The past three decades have seen major changes in the lives of individuals who have a mental handicap. The normalization movement has included these individuals in all areas of community living. This has included the area of employment. The recent focus has been on competitive and supported types of employment within integrated work sites. This study focused on the status of employment for individuals with moderate and severe mental handicaps and has investigated the effects of job training provided in secondary school programs on employment after the individual leaves school. The findings of this study were in agreement with other follow-up research in the area. Job training in secondary school and level of functioning do not appear to have a significant impact on employment status. The study did find that gender did have an impact with males being more frequently employed than females. For individuals who were employed, sheltered employment and competitive/supported employment positions were equally distributed while those in sheltered situations were most often the ones to be employed full-time.

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I. Introduction

Society has certain standards and expectations for all its members and the expectations established over many years, even centuries, for the MH (mentally handicapped) have resulted in a very negative stereotype. People, even those who have mental handicaps, tend to live up to their projected image. Limited expectations for the MH have led to limited experiences and this cycle has undoubtedly played a role in the performance level of the MH population. In most cases, it has not been a conscious effort by society to relegate the MH to inactivity and sub-average wages and housing. Rather, it has been a lack of expectation and in many cases a lack of individual contact with these people.

The past three decades have seen significant changes in the status of IMHs (individuals with a mental handicap). Prior to the 1960s, the MH were seen as having little or no potential for learning and the trend was to keep them out of the mainstream of daily living. Often these individuals were kept in institutions where basic care was provided for only their physical needs. Any thought of providing stimulating programs was negligible. Those closest to the MH, however, have realised the potential of these individuals. Advocacy and persistence by this group of concerned advocates have led the way in forcing society to change perceptions regarding IMHs. Increased visibility of and expanded expectations for the MH have shown that they are very much like the non-handicapped in wants, needs, and feelings.

My personal involvement with IMHs began in the early 1970s when ten classes of students who had moderate and severe/profound mental handicaps were moved from a segregated building into two public school buildings (five classes in an elementary school and five classes in a junior high school) as a pilot project in which the local school district assumed responsibility for the

administration of education for IMHs. The school board in this case was not operating as a board under the Schools Act but rather was considered a "society" under the Auxiliary Classes Act. The Auxiliary Classes Act governed the funding and administration of classes for IMHs prior to 1985 when this legislation was repealed and incorporated into the present Schools Act. When the Auxiliary Classes first moved to the public school, I was teaching in a regular class but soon chose to teach in the Auxiliary Classes.

During the changes to the Auxiliary Classes Act and Schools Act, I sat on several committees that dealt with the integration of the two Acts and the integration of students with handicaps into the regular school system. I also served in the capacity of provincial president of the Association of Auxiliary Class Teachers during the time the teachers of IMHs were negotiating membership in the New Brunswick Teachers' Federation. For the past two decades I have been a member of the local branch of the Association for Community Living (ACL) and have served on the ACL's Board of Directors.

When integration was finally mandated in 1985, many of the students who had a mental handicap were placed in regular classes in their neighbourhood schools. At that time, I moved from teaching in a segregated class to providing support and programs for individuals with moderate and severe/profound handicaps who were being placed in regular classes with age appropriate peers.

In the school district where I teach, IMHs have been given the opportunity to socialize in public schools and to follow the activities and curriculum in regular classes to the fullest extent possible for the individual. In addition to providing adapted classroom environments and curricular subject matter, the school district has developed a job training component at the secondary school

level to enable the IMH to receive additional skills necessary to prepare him/her for the world of employment.

Personal contact with IMHs who are no longer attending school shows that many of these individuals are still sitting at home with very little participation in community activities. This has given rise to my interest in the topic of this study. When the Association for Community Living expressed interest in a survey to determine the employment status and needs for IMHs in the geographic area where I teach, I was very interested in finding out what actually had happened to the individuals I had worked with over the years. Were they working and had we, as educators, been successful in preparing them for community living?

Preparation for community living includes preparation to compete in the work force. One approach to meeting this challenge has been to provide job training programs while the IMH is still in school. The impact of the job training programs provided at the secondary school level has not been fully investigated. The purpose of this study was to look at the effect that job training in secondary school had on finding employment for IMHs.

The second part of this paper will discuss the relevant literature regarding a brief history of IMHs and the normalization movement, a brief review of the education of IMHs, and a discussion of the types of employment available for IMHs. Part three will discuss the procedures employed in this study while the fourth part will present the data and results of the survey. Part five will discuss the results and present the conclusions based on the findings.

II. Review of the Literature

This section will look at the events of the past three decades. It will discuss the history of IMHs (individuals with a mental handicap) and the normalization movement. The focus will be on education and employment for these individuals. These discussions will be followed by research questions that are based on the review of the literature.

The majority of people as they reach adulthood aspire to independent living. Most often, in order to achieve independence, individuals must become gainfully employed to provide the necessities of life. This opportunity has not been available to all individuals, however, and one of the minority groups that has been deprived of opportunities for both independent living and employment is the MH (mentally handicapped).

History

For centuries, people in much of society have shunned the MH. It was thought that mental retardation was a hopeless condition and that the best thing was for IMHs to be institutionalized as soon as possible. The negative connotations of the term "retardation" have in recent years prompted the use of terms such as "mental handicap" and/or "mental disability".

In the past, services for people with mental handicaps did not exist or were poorly developed. The view of the person with a mental handicap was of an "eternal child" or "holy innocent" (Wolfensberger, 1972). Families were often deeply ashamed of having a child with a mental handicap and kept him/her from public view. Most IMHs were institutionalized as it was felt that these individuals were not capable of learning (Westling, 1986). Within the confines of the institution, they were attended to by others who made decisions regarding all aspects of their lives. The need for independence was minimal. The

perception that these individuals were incapable of learning created and maintained dependence in this population and restricted expectations for activities such as education and employment.

Although IMHs have been studied since the 1800s (e.g., Itard, Binet), it has only been during the past three decades that the focus has been on the inclusion of these individuals in communities. The work of individuals such as Wolf Wolfensberger in the 1960s has emphasized the need to normalize the lives of IMHs. In the 1960s and early 1970s, people who were closely associated with IMHs began to realize that these individuals were capable of learning and doing more things independently than had previously been expected of them. It became apparent that many IMHs could function outside the institutions with adaptations to social and educational communities (Westling, 1986). The desire to make the lives of persons with mental handicaps more normal together with public objection to the widespread abuses within institutions caused most large institutions to be depopulated during the 1960s and 1970s (Wolfensberger, 1991). This movement from institutions has been referred to as deinstitutionalization.

During the 1960s and 1970s, many parents of children who had mental handicaps began to band together to provide support for one another and to demand services for their children in the communities where they lived. In many cases these groups started their own school programs. These early educational programs consisted primarily of what was called the "watered-down curriculum", an unimaginative, slower, and simpler version of a curriculum for young "normal" children (Wolfensberger, 1991). The major educational strategy of the day consisted of segregated education, most often in entirely separate schools and gradually in separate classes sprinkled among regular ones. Even

then, such classes were usually in less valued or more distanced locations, as in the basement next to the boiler room or at the end of the hall. A rule of thumb was that the more handicapped a child was, the more likely the child was to be segregated or excluded.

The 1970s saw a challenge to the traditional ways that mental retardation had been conceptualized and delineated. Prior to the 1970s, services were based on the medical model that proposed that the crucial step in the treatment process was the diagnosis. Once the cause was identified, then the correct treatment could be initiated based on this diagnosis. In the 1970s, behaviourists began to stress that it was more productive to talk about people with "retarded" behaviour rather than "retarded" people. Such an outlook suggested that the most productive treatment approach was to treat the symptoms directly and not to be concerned with the underlying cause. The direction of programming for the MH during the 1970s was to make the lives of the handicapped as normal as possible, as quickly as possible.

In 1983, the American Association on Mental Deficiency (AAMD) settled on a definition of mental retardation that is still being used in many instances to identify individuals who have mental handicaps. The AAMD defines mental retardation as "significantly sub-average general intellectual functioning resulting in or associated with concurrent impairments in adaptive behaviour and manifested during the developmental period" (Grossman, 1983, p. 11).

Significantly sub-average intelligence refers to IQ scores on standardized measures of intelligence that fall at or below 70. The IQ range of 70 and below is usually divided into four categories. Individuals with scores between 55 and 70 are considered to have a mild mental handicap, those with scores between 40 and 55 have a moderate mental handicap, those with

scores between 25 and 40 have a severe mental handicap, and those with scores below 25 have a profound mental handicap (Zucker, 1984-1985). The focus of this study will be individuals who fall in the moderate, severe and profound categories of mental handicap.

Normalization

The normalization movement began in the 1960s. The principle of normalization is to provide experiences within the normal community in the areas of leisure and recreational activities, living accommodations, religious worship, education and employment. Although all of these areas are of equal importance to community living, only two of them, education and employment, will be the focus of this study.

The normalization principle provides opportunities for both the IMH and society. For the IMH, there is increased positive self-esteem and a sense of belonging to the community. For society, there is a reduction in the cost of third party support while the IMH contributes to society through employment and tax contributions.

Since the late 1960s, the attempt to provide IMHs with daily living experiences that are as close as possible to the normal population has led to the establishment of community-based living accommodations and services for many IMHs. The decade of the 1970s was characterized by a number of very influential court decisions in the United States reaffirming that persons with handicaps are entitled to the same legal rights and community-based services as other citizens are (e.g., Maryland Association for Retarded Citizens versus the State of Maryland, 1974; Pennsylvania Association for Retarded Citizens versus the Commonwealth of Pennsylvania, 1972).

Over the past decades, the normalization movement has focused on

integrated and inclusive preschool and school communities for IMHs. In 1975, United States federal legislation, PL 94-142 --The Education for All Handicapped Children Act, was passed granting the right for public school education to all children regardless of their handicap. During the late 1970s and early 1980s, similar legislation occurred in the Canadian provinces of Ontario and New Brunswick.

Transitions from inclusive school placements to inclusive adult communities are now being made (Westling & Floyd, 1990). The normalization movement has created a need for integrated employment opportunities as a component of independent community living. Since the passage of the Rehabilitation Act of 1973 that called for the promotion and expansion of gainful employment opportunities for handicapped individuals, federal agencies in the United States have attempted to involve the private sector in providing employment for the handicapped (Ford, Dineen, & Hall, 1984).

Under human rights legislation in Canada, it is considered discriminatory if employers do not make efforts to accommodate qualified individuals with disabilities on the job. Further Canadian legislation provides for the participation of all people in the economic benefits of Canada. Both the Charter of Rights and Freedoms (1982) and the Employment Equity Act (1986) are vague in stating what employers are required to provide in the area of employment. A step closer to inclusion in the work force for the MH was taken by the province of Ontario in December, 1993, when legislation was passed requiring companies to develop plans to hire and promote minority groups that include persons with disabilities ("Employment equity," 1994).

Whereas for the past three decades sheltered workshops were the primary place of employment of IMHs, inclusion in more integrated work sites is

now being stressed (Frank, Sitlington, Cooper, & Cool, 1990; Schalock, 1986; Wehman et al., 1982). The current move to place IMHs into independent employment as opposed to sheltered situations represents a rejection of traditional day programs such as sheltered workshops and adult activity centers that provide day care for the MH. Day programs and sheltered workshops have been criticized for their anti-normalization nature, their failure to provide meaningful wages, and their inability to effectively prepare individuals for independent employment (Bellamy, Rhodes, Bourbeau, & Mank, 1986; Brown et al., 1986; Kiernan & Stark, 1986; Rusch, 1986, Wehman & Kregel, 1990). Independent employment opportunities are moving the IMH away from the sheltered environments of workshops that foster dependence into a more integrated environment where independence is emphasized. The normalization movement has created a need to provide educational programs that prepare IMHs to participate in community living to the greatest extent possible for the individual.

Education

Since the passage of legislation guaranteeing a public school education to all children in the United States and some Canadian provinces, students considered to have a mental handicap based on the AAMD criteria have been included in the mainstream of public education. Education systems have been faced with the challenge of finding the best way to serve these students. Often MH students are integrated into regular classes and school subjects where the challenge is being met through the implementation of individual educational programs (IEPs).

Educational placements for IMHs usually follow a continuum from a totally segregated placement such as home tutoring through less restrictive

placements in segregated classes, segregated classes with some integration in social activities and/or regular education subjects, integration with time spent in a resource room, or full-time placement in the regular classroom with modifications to the regular program (Westling, 1986). Educational programs for IMHs have traditionally emphasized the teaching of skills in the areas of self-help, communication, social and emotional development, physical development, functional academics, and vocational training (Westling, 1986). The move to include IMHs in regular class subjects has given rise to the need to build these skill areas into the regular curriculum. This is being accomplished through the implementation of IEPs. These IEPs set goals for the IMH that are addressed by making adaptations to regular programs, providing parallel programs within the regular classroom, or providing practice outside the regular classroom in areas not generally addressed in the regular curriculum.

The integration process in the elementary school has met with success in some cases (Forest, 1986, 1987,1988; Hamre-Nietupski et al., 1989; Lipsky & Gartner, 1987; Porter, 1988; Stainback & Stainback, 1988). A new set of challenges, however, faces adolescents with mental handicaps as they enter secondary school programs. The academic curriculum at the secondary level does not provide the opportunities for meaningful integration to the same degree that the more general curriculum of the elementary school does.

The main purpose of secondary education for non-handicapped students is to prepare them to participate in society by entering the work force and living independently. The same objective should be the focus for students with mental handicaps. Students who have mental handicaps, however, often need to learn life skills necessary for independent living that are not generally taught in secondary educational programs (Baumgart & Van Wallenghem, 1986;

Nietupski, Hamre-Nietupski, Houselog, Donder, & Anderson, 1988; Westling & Floyd, 1990). In addition, IMHs usually have significant delays in most areas of development and are slower to learn. They, therefore, need practice in most areas beyond the incidental learning experiences of daily life (Mercer & Snell, 1977; Snell, 1988; Westling, 1986).

Research shows that difficulties in adapting to community living for IMHs appear to be in the areas of social relationships, employment expectations and work-related skills (Brickey, Browning, & Campbell, 1982; Ford et al., 1984; Greenspan & Shoultz, 1981; Wehman et al., 1982). Since these major areas of difficulty are not generally included in secondary school programs, education programs for the MH must consider learning experiences in social relationships and employment that are not included in programs for the non-handicapped.

As educational programs for the MH focus on normalization, important decisions regarding what skills to teach and how soon to start teaching them must be made. When deciding which skills are the most relevant, it becomes apparent that the academic-oriented curriculum at the secondary level is not sufficient to meet all the needs of the student who has a mental handicap (Haring & Lovett, 1990). For example, Wehman et al. (1982) found that most of the individuals with moderate and severe handicaps in their study had "grossly inadequate career and vocational education programs in school" (p. 11). These individuals, therefore, were not prepared to make informed and realistic choices later in the employment world. Some research shows that in spite of the programs available for training vocational skills, inappropriate career choices could be the result of a lack of appropriate career education (Kanchier, 1990).

Both medical and educational personnel have been criticized for not educating parents and significant others to their child's potential in the

community (Haring & Lovett, 1990; Haring, Lovett, & Saren, 1991; Schloss, Alper, & Jayne, 1993; Szymanski, 1994; Wehman et al., 1982). For this reason, professionals must reassess how they perceive and address the potential of this population. Schools especially, in partnership with the parents and/or significant others, must address the problem of setting realistic goals when developing IEPs. Because of the apparent failure of traditional educational programs for IMHs to prepare these people for employment in the community (Stodden, Ianacone, & Lazar, 1979; Wehman et al., 1982), attention must also be focused on programs that include career awareness training and job experience components.

Job training in secondary school can provide students with practical work-related experiences. These experiences usually follow one of two models. In the "train-and-place" model, the student receives training prior to placement on the job site. The "place-and-train" model allows the student to be placed on the work site where a task analysis of the job is developed and the student is trained at the site (Wisniewski, Alper, & Schloss, 1991). The work involved in these job training models is limited to a few hours per day and the student may rotate to new work sites two or three times per semester. They may also rotate within the work site to gain experience at several work stations.

Education and learning do not stop when individuals leave school. Education in the school setting is a means to an end. The end for the IMH is the ability to function as independently as is possible in all areas of community living. This includes employment. As the normalization movement strives to incorporate the MH into the everyday life of communities, it becomes necessary to evaluate the effectiveness of the educational programs being provided in relation to the outcomes based on successful community living. The natural

progression from educational communities should lead into employment within the realm of community living.

Employment

The ability to find and keep a job is probably one of the most satisfying and perhaps necessary aspects of community living. If an individual cannot support himself or herself financially, he or she must rely on society to provide the necessities of life and he or she remains, as Wolfensberger stated, the "eternal child".

The inclusion of employment options in the life of an IMH presents opportunities for the individual and for society. The individual gains through independent income and an increased sense of self-worth (Hill & Wehman, 1983; Kiernan, McGaughey, & Schalock, 1988). The financial advantages to society include tax revenues generated by the individual and reduction in dependency that minimizes third party support.

Cost analysis studies have shown savings in expenditures when people with handicaps become more independent (Braddock, Hemp, & Fujiura, 1987; Hill & Wehman, 1983; Wehman et al., 1982). In a study of moderately and severely handicapped individuals in the state of Virginia, Hill and Wehman (1983) estimated a total direct financial benefit to taxpayers of approximately $90,000 for 90 clients who were placed in competitive employment during a 47 month period from September, 1978 to August, 1982. Wehman et al. (1982) found that 63 moderately and severely handicapped individuals collectively earned $265,000 over a 3 year period from 1978 to 1981 and paid over $26,000 in state and federal taxes. Had these individuals been participating in an adult activity center instead of competitive employment during this period, the yearly cost to the taxpayer would have been approximately $300,000. A

study by Heal (1987) found that institutional programs cost an estimated $4.65 billion per year while community services cost approximately $4.45 billion.

Employment for IMHs usually is in the form of either sheltered employment, supported employment or competitive employment. Traditionally, educational programs for IMHs have focused on preparing these individuals to work in sheltered situations such as workshops. In sheltered employment situations, the IMH is dependent upon the staff of a workshop to supervise, instruct, and assist in job performance. The staff generally make decisions concerning all aspects of the operation of the workshop. These workshops are small, self-contained businesses operated by private organizations such as the Association for Retarded Citizens or by state agencies supplemented by funding from state and federal programs. In Canada, sheltered workshops are supported through federal and provincial government funding.

In some areas of the United States, sheltered workshops have become multi-purpose facilities that offer work-adjustment, vocational evaluation, and day-activity programs (Wisniewski et al., 1991). This changing role for the sheltered workshop is evidenced in programs such as Projects With Industry (Brickey et al., 1982) which allow workshop employees to work on location at participating industries. In programs such as this, the IMH is supervised by workshop and industry personnel but remain on the workshop payroll. This provides an opportunity to work in a more realistic work setting. Positions in programs such as Projects With Industry offer higher wages than the subcontract work of the sheltered workshop while providing a continuation of Social Security benefits and supervision by workshop personnel. Often parents are more comfortable with their son or daughter being placed in this type of situation.

Sheltered workshops are generally placed in communities although some can be found in large institutions. Although the major goal of sheltered workshops has been to provide employment for individuals with handicaps, normalization has seen a second goal emerge. Some sheltered workshops now provide vocational training to prepare individuals for later competitive employment. Many sheltered workshops, however, remain concerned only with employment and are not actively involved in preparation for and procurement of competitive employment.

The work performed in sheltered workshops generally consists of subcontracts from community businesses or industry. These subcontracts require simple task performance and are piecework jobs that the businesses do not want to be bothered with or can have more cheaply produced by the sheltered workshop. Workshops may also have one or more ongoing vocational projects such as agricultural production that provide a steady source of work and income when subcontracts are not available (Westling, 1986). Employees in sheltered workshops are paid a fraction of the minimum wage and these wages are often classed as "training allowances". In many cases, pay cheques are based on ability with the more productive workers receiving more money than slower or less productive individuals.

Non-sheltered and independent employment situations include competitive and supported employment. Kiernan et al. (1988) describe competitive employment for the MH as unsubsidized employment where payment is at or above the minimum wage even when follow-along services are provided. Supported employment requires intensive ongoing support using work sites where persons without disabilities are employed. Payment is often less than minimum wage.

Of the independent employment options mentioned, the one most often used with moderately and severely handicapped individuals is supported employment. The objective of supported employment is the gradual withdrawal of on-site support for the individual to enable him or her to work as independently as possible. This type of employment involves a range of services, including community survey, job site analysis, job match, job placement, on-the-job training, follow-up, and inter-agency coordination. During the provision of on-the-job training and follow-up services, plans are made to gradually fade training and supervision over time, which may culminate in the withdrawal of the job coach from the employment site to promote employee independence. Supported employment can consist of (1) individual placement; (2) enclaves; (3) mobile work crews; and (4) small businesses (Bellamy, Rhodes, Mank, & Albin, 1988; Botterbusch, 1989; Johnson & Rusch, 1990; Wehman & Kregel, 1990).

The individual placement model involves the employment, training and follow-up of a single individual in an integrated employment setting by a job coach. In this model, an employment specialist who is employed by a public service agency identifies a specific job for a target worker. The job coach then provides intense, on-site training at the job site until the individual is able to perform successfully. As the individual becomes more independent, the job coach fades his or her presence from the job site but remains available throughout the individual's employment to provide any ongoing support services necessary to enable the individual to maintain his or her job for an extended period of time. In this model, supported employees have demonstrated that they are able to start and complete their jobs on time with the support of their co-workers once the job coach is no longer present (Likins,

Salzber, Stowitschek, Lignugaris/Kraft, & Curl, 1989; Rusch, Hughes, Johnson, & Minch, 1991). The involvement of co-workers as support people provides more independence and makes this model more compatible with the inclusive focus of normalization.

The enclave, mobile work crew and small business models are group-centered models in which a small number of individuals with severe handicaps receive permanent full-time training and supervision in community-based employment settings. Enclaves and mobile work crews generally are made up of three to eight individuals who work together as a unit. The IMH works in a regular community-based business or industry that is referred to as a "host" company. Permanent supervision is provided by a supervisor who generally works for a public service agency. Individuals employed in enclaves tend to work at a single location, whereas individuals in mobile crews may work at several locations, usually in community businesses that have contracted for services.

The final model is the small business model. In this approach, a small group of individuals with severe disabilities works along with workers who are not handicapped in an independent, not-for-profit manufacturing or subcontract business. In contrast to traditional sheltered workshops, a small business is much smaller and homogeneous in nature and usually produces only one type of product or service. In addition, the non-handicapped individuals are not staff in charge of the IMHs but rather are co-workers.

When comparing the support time provided in each of these models, Johnson & Rusch (1990) found that the actual hours of on-site training were less for individual placements than for enclave and mobile work crews. They maintain that this may be so because in the enclave and mobile work crew

models there is little or no expectation for the job coach to be removed. These models are marketed to prospective employers with the understanding that the specialist will always be present. This increases the probability of unnecessary training and supervision that may inhibit employee independence. In addition to the expectation of permanent supervision, personnel who have had many years of experience working in sheltered adult programs may be fostering dependence at competitive work sites by continuing to apply training and supervision practices from sheltered programs that do not promote independence.

Even though employment opportunities exist in sheltered environments and independent employment opportunities are increasing, research indicates that the majority of IMHs are unemployed. In American studies that have investigated the status of IMHs who have left school, the unemployment rate has ranged from 33% to 54% (Frank et al., 1990; Haring & Lovett, 1990; Hasazi, Gordon, Roe et al., 1985; Hasazi, Johnson, Hasazi, Gordon, & Hull, 1989; Liebert, Lutsky, & Gottlieb, 1990; Schalock, 1986; Wehman et al., 1982; Wehman et al., 1985). Although exact unemployment figures for IMHs in Canada are not plentiful, a study by Torjman (1988) found that in 1988 approximately 59% of individuals with disabilities were unemployed. This can be misleading since employment figures in Canada are based on individuals who are actively seeking employment. Because IMHs are not considered employable, they are not generally included in employment figures.

Studies have found that the vast majority of the MH population work at unskilled or semi-skilled occupations (Frank et al., 1990; Kiernan et al., 1988; Wehman et al., 1982; Wehman et al., 1985). The study by Wehman and his colleagues (1982) involved 63 individuals ranging from severely MH to mildly

MH. It was found that the majority of these subjects were employed in utility jobs such as food service and janitorial work. Kiernan et al. (1988), in their study of adults with mental handicaps, found the largest numbers were employed in food and beverage preparation, janitorial work, assembly tasks or lodgings. For those who were severely/profoundly handicapped, the primary placements were in service occupations and bench work. In the moderate range of mental disability, food service, agriculture and benchwork were the dominant areas of employment.

Past research that has investigated the employment status of IMHs who have left school has found that people with mental handicaps who are able to find work are more than twice as likely as the non-handicapped to work part-time (Frank et al, 1990; Haring & Lovett, 1990; Hasazi, Gordon, & Roe, 1985; Hasazi, Gordon, Roe et al., 1985; Hasazi et al., 1989; Liebert et al., 1990; Schalock 1986; Wehman et al., 1982; Wehman et al., 1985). In addition, there does not appear to a significant difference between those individuals who had vocational training and/or work experiences in school and current employment status (Frank et al., 1990; Hasazi, Gordon, Roe et al., 1985; Hasazi et al., 1989; Lovett & Harris, 1987). The study by Hasazi et al. (1989), however, did indicate that mildly MH individuals who had worked part-time in after-school jobs during secondary school were more likely to be employed after leaving school. Research also indicates that level of functioning does not appear to affect job retention and procurement. Studies by Frank et al. (1990), Hasazi, Gordon, & Roe (1985), Wehman et al. (1982), and Wehman et al. (1985) found that severely and moderately MH individuals were both able to find and keep jobs with the same degree of success.

Employment for IMHs does, however, appear to be affected by gender.

Some studies indicate that women who have mental handicaps are less likely to be employed than are males who have similar handicaps (Frank et al., 1990; Haring & Lovett, 1990; Hasazi, Gordon, & Roe, 1989; Wehman et al., 1982). Civil rights legislation both in the United States and Canada have been specific regarding the rights of individuals regardless of their race, sex or disability. Attempts have been made to ensure that individuals in these categories have access to the same programs and opportunities as do other citizens. In spite of this assurance, research has found that females who have mental handicaps still tend to be under-represented both in post-secondary educational programs and employment. Hasazi and her colleagues (1989) suggest that this may be due to lack of parental expectations and lack of encouragement for females who have mental handicaps to become employed.

Conclusion

The movement to provide life experiences for IMHs that are as close to the normal population as possible has created a need for education and employment programs that effectively prepare the IMH to participate in the community. Follow-up studies in the United States have found that programs provided in secondary schools do not necessarily ensure employment success once the IMH has left school. Similarly, level of functioning does not appear to have a significant effect on employment for the MH. Employment, however, does appear to be affected by gender. Males who have mental handicaps appear to be more successful in the realm of employment than do females who have similar mental handicaps.

Although several options for independent employment are available, studies in the United States have found that sheltered or dependent employment is the most prevalent for IMHs. Of the options for independent

employment, supported employment appears to be the most frequent choice for the moderately and severely MH. Past research has found that IMHs employed in sheltered situations are most often the ones to be employed full-time.

Research in the area of community living has not been as extensive in Canada as has research in the United States. For this reason, the effects of educational programs on employment outcomes in a Canadian geographic area will be the focus of this study. The review of the literature gives rise to questions regarding the employment status of IMHs who have exited school programs in Canada. These questions include such things as: Do the schools effectively prepare IMHs to participate in the world of employment?; Does level of functioning affect employment for this population?; Does gender affect the employment status of IMHs?; and, What type of employment is most prevalent in the geographical area studied?

Research Questions

In this study, the following questions were investigated:

1. For IMHs who left school prior to 1993, are those individuals who had job training while in secondary school more frequently employed than those IMHs who did not have job training in secondary school?
2. For IMHs who left school prior to 1993, do individuals with mental handicaps in the moderate range of functioning obtain employment more readily than those in the low range of functioning?
3. For IMHs who left school prior to 1993, is full-time employment more prevalent than part-time employment?
4. In the geographic area studied, is sheltered employment for IMHs more prevalent than supported and competitive employment for IMHs?
5. For IMHs who left school prior to 1993, do males obtain employment more

readily than females?

III. Methods and Procedures

This study was part of a larger survey conducted by the Association for Community Living (ACL) in an urban area of New Brunswick, Canada. The ACL is a service organization whose objectives include advocating for the rights of individuals who have mental handicaps and educating the public about issues regarding these people.

Concern regarding the lack of employment services for adults with mental handicaps prompted the ACL to compile a comprehensive list of IMHs in an urban area of approximately 125,000 people. The target population was mildly, moderately, and severely MH adults who were no longer attending school and were living in the city area. The list was then used to gather information to determine specific needs in the area of employment for this population.

Names for the list came from membership lists of the organization and referrals from families, friends and neighbours. School graduation lists compiled during the time that education for individuals with mental handicaps was sponsored by the ACL and segregated from public school education were also used. An advertisement was also placed in the local newspaper inviting anyone with a mental disability who had left school to participate. These methods generated approximately 500 names. Of these, 280 individuals were successfully contacted and agreed to participate in the study.

The purpose of the smaller study was to look specifically at the impact of secondary school job training on post-secondary employment for those individuals in the moderate and severe range of functioning. In 1985, the secondary schools in the urban area studied had begun to implement an "on-the-job" training component to educational programs for IMHs. This on-the-job

training followed the place-and-train model (Wisniewski et al., 1991) and involved various job sites in the community. The students who had a mental handicap were accompanied to the job sites by support workers and were assisted by these workers in fulfilling the requirements of the job.

Subjects

Prior to any contact with the subjects involved in the study, approval was obtained from the ethics committee at the University of Alberta. The ethics procedures consisted of subjects being given a choice of participating or not participating in the study. It was explained to the subjects that they were free to withdraw from the study at any point if they so chose and all data pertaining to them would be destroyed after the study was completed. It was also explained that personal and/or identifying data would only be available to the researcher and her assistant and that such data would be kept under lock and key in a file cabinet at the office of the researcher.

The subjects for this study were selected from the population generated by the ACL. While the ACL were interested in all levels of mental handicaps, this study focused on those individuals in the moderate and severe/profound categories of mental handicap. The subjects for this study were limited to those in the moderate and severe range of functioning because of the researcher's interest in individuals with these two levels of mental handicap.

The IMHs in the moderate and severe ranges of functioning were selected from the ACL list based on the type of program they had attended during school. They had been assigned to either "auxiliary" classes prior to 1985 or to life-skills/work-study programs after that date. Auxiliary classes were educational programs for IMHs that were housed in buildings separate from public school buildings prior to 1975. At that time, these classes were moved to

public school buildings in the urban area studied but remained segregated within the school buildings. In 1985 when the Schools Act and the Auxiliary Classes Act that governed the education of IMHs were amalgamated, educational programs for IMHs became known as life-skills/work-study programs. On-the-job training became a part of the life-skills/work-study programs at this time.

Placement in auxiliary classes or life-skills/work-study programs was determined by IQ level and adaptive behaviour. Both the auxiliary classes and life-skills/work-study programs were for students who had been designated as moderately or severely/profoundly MH. Individuals who may not have attended school because of a low level of functioning were also included in this study.

From the sample obtained, individuals who were born in 1955 or later were selected. Since the purpose of this study was to compare the employment status of those who had job training in secondary school with those who had not had this experience, the age span from 1955 to the present provided individuals from both categories. This generated a total of 120 individuals.

Once the subjects had been selected from the original list, they were placed in two groups based on level of functioning. On the basis of historic recollection, the designation to groups was done by the researcher and one other rater. Both the researcher and the rater had known these subjects and worked with them at some time in the past. At the time of the interview, the researcher and/or the assistant also observed the current level of functioning which provided confirmation of groupings.

Although IQ and adaptive behaviour scores had been used to place these individuals in educational programs, personal contact suggested that in some cases these scores did not give an accurate assessment of ability. It was

therefore decided to use language as a further criteria for placement in the two groups. Those individuals who had good receptive language (understood most of what was said to them) and were able to verbalize or use an alternative method of communication (e.g., sign language, communication board, etc.) to convey their basic needs were placed in the moderate category of functioning. Those who had very little receptive language, were unable to communicate verbally or with alternative methods, and had little apparent awareness of their environments were placed in the low functioning group.

There was disagreement in the placement of six of the subjects. These disagreements were resolved through discussion among the rater, the researcher and the assistant. There were 94 subjects in the moderate range of functioning and 26 subjects in the low range.

Instrument

A structured interview format using a questionnaire was employed to gather data. The data for this study was included in the data gathered for the larger survey conducted by the ACL. (See Appendix A for the portion of the original questionnaire used in this study.) The complete questionnaire and interview procedure were piloted using nine adults with mental handicaps selected from the original list compiled by the ACL. The responses from these subjects were included in the results of the study.

To determine whether the questionnaire was suitable for this population, these individuals were chosen from the list by the raters based on their age and level of functioning. Of the subjects chosen for the pilot study, six were in the moderate functioning group and three were in the low functioning group. The nine subjects ranged from 22 years of age to 32 years of age.

The piloting of the ACL's questionnaire resulted in the addition of a

"comments" section to enable participants to clarify any issues covered in the questionnaire. The structured interview took between 30 and 45 minutes to conduct. During the pilot study it was found that the presence of a caregiver and/or parent helped to verify the information provided by the subject. Questions that required answers involving dates or numbers of jobs held were especially difficult for many of the individuals to recall and the significant others were especially helpful in these instances. Parents and caregivers were also necessary to provide information for individuals who were in the low range of functioning.

One other person was trained to assist in the administration of the questionnaire. Training consisted of a review of the purposes of the study and the procedures used in conducting the interview. (See Appendix B for a review of the procedures.) Together, the researcher and assistant interviewed the subjects in the pilot study. Having established that the interview process and questionnaire were satisfactory, the assistant proceeded to gather the data.

Procedure

An initial contact was made with the individual subjects by mail explaining the purpose of the interview and informing them that someone would be contacting them by telephone in the near future. Shortly thereafter, telephone contact was made with the subject or significant other and the purpose of the study was further explained. An appointment was then made for the interview. Agreement to be interviewed was considered consent for participation in the study. Subjects were informed that they were not obligated to answer any or all of the questions and were free to withdraw at any time during the study and any material gathered to that point would be destroyed. (See Appendix C for instructions.) The interviews were conducted in the

subject's place of residence. Data pertaining to employment status, education history, and personal information were then selected for the current study from the ACL's questionnaire.

IV. Results

Of the 280 subjects in the original study conducted by the ACL, 120 subjects were selected for the current study. The subjects ranged in age from 17 years to 38 years. The mean age was 28.8 years. Ninety-four (78%) of the subjects were in the moderate range of functioning and 26 (22%) were in the low range. The 120 subjects yielded 66 males and 54 females. (See Table 1.)

Table 1

General Characteristics

Variable	Total	Gender: Male	Gender: Female
Function Level			
Moderate	94	49	45
Low	26	17	9
Employed	44	29	15
Unemployed	73	35	38
Volunteer	3	2	1
Work Experiences	50	30	20
No Work Experiences	70	36	34
Health Card	114	60	54
No Health Card	6	6	0

Forty-nine of the 66 males were in the moderate range of functioning while 17 were in the low range. Of the 54 females, 45 were in the moderate range and 9 were in the low range.

Three of the individuals who were interviewed were involved in volunteer work for which no wages were received. One was a female in the moderate range of functioning who had job training in secondary school. One of the males was in the moderate range of functioning and had job training in secondary school while the other was in the low range of functioning and had this training. Because this study was investigating paid employment, these three subjects were not included in the calculations for this study.

Only 4 individuals of the remaining 117 subjects were receiving their primary incomes from employment or from unemployment insurance payments. The remaining 113 subjects received income assistance (welfare) and/or some type of disability pension. Six of the 117 subjects did not have a provincial health card that covers all medical expenses. (See Table 1.)

Forty-seven of the 117 individuals had participated in job training while in secondary school. Seventy of the individuals interviewed had no job training prior to leaving school. (See Table 1.) Chi-square tests were conducted to analyze the data related to employment and job training in secondary school. A 0.05 level of probability was used as the criterion level for significance. The analysis yielded a value of 2.05 which is less than 3.84 required for significance at the 0.05 level. Therefore, it was concluded that in this study there was no significant difference in employment rates for those IMHs who had job training in secondary school and those who did not have this training.

Eleven of the subjects had never attended an educational program while 3 had attended residential schools. Fifty-six of the subjects had attended "auxiliary classes". (See Table 2.) Auxiliary classes were segregated educational programs housed in buildings outside public schools and were administered under the former Auxiliary Classes Act rather than the Schools

Act. The remainder of the subjects (50) attended life-skills/work-study programs administered under the amalgamated Schools Act of 1985. These educational programs offered on-the-job training experiences.

Table 2

Types of Education

		Gender	
Variable	Total	Male	Female
Auxiliary Programs	56	30	26
Life Skills/Work Study	50	30	20
Residential School	3	1	2
No School	11	5	6
Total	120	66	54

Thirty-eight per cent of the subjects were involved in some type of employment while 62% were unemployed. Forty-five percent of all the males in the study were employed as were 28% of the females (See Table 3).

Level of functioning in secondary school was not significantly related to current employment status. Thirty-nine percent of the moderately functioning group were employed compared with 32% of those in the low range of functioning (See Table 3).

Table 3

Level of Functioning and Employment Status

Variable	Total	Gender	
		Male	Female
Moderate Range/			
Job Training			
Employed	11	8	3
Unemployed	28	13	15
Moderate Range/			
No Job Training			
Employed	25	14	11
Unemployed	28	13	15
Low Range/			
Job Training			
Employed	3	3	0
Unemployed	5	4	1
Low Range/			
No Job Training			
Employed	5	4	1
Unemployed	12	5	7
Total	117	64	53

Fifty-two percent of the individuals were employed in sheltered workshops while 48% were in competitive and supported employment. Of the

individuals who were employed, 23 were in sheltered workshops, 10 were in supported employment, and 11 were in competitive positions. Ten females were employed in sheltered employment, 3 were in supported positions and 2 were in competitive employment. For males, 13 were in sheltered positions, 7 were in supported employment, and 9 were in competitive. (See Table 4).

Table 4

Types of Employment

		Type of Employment		
Gender	Total	Sheltered	Supported	Competitive
Females	15	10	3	2
Males	29	13	7	9
Total	44	23	10	11

In order to find whether gender was related to whether the individual was employed in sheltered or non-sheltered positions, a chi-square analysis was conducted. This yielded a value of 2.25 which is less than the 3.84 needed for significance at the 0.05 level. Therefore, it can be concluded that there was no difference in types of employment for males and females.

In this study, 50% of the employed subjects were working full-time while 50% were employed part-time. (See Table 5). For those employed full-time, sheltered workshops were the primary place of employment.

Table 5

Full-time/Part-time Employment

		Level of Functioning	
Variable	Total	Low	Moderate
Full-time Sheltered	20	3	17
Part-time Sheltered	3	2	1
Full-time Supported	1	0	1
Part-time Supported	9	3	6
Full-time Competitive	1	0	1
Part-time Competitive	10	0	10
Total	44	8	36

V. Discussion and Conclusions

The findings of this study were similar to the findings of past follow-up studies. This section will discuss each of the research questions individually and implications for future research will be presented.

Question 1

For IMHs who left school prior to 1993, are those individuals who had job training while in secondary school more frequently employed than those IMHs who did not have job training in secondary school?

The fact that the chi-square analysis yielded a value of 2.05 which is less than required for significance at the 0.05 level of significance indicated that there was no significant difference for current employment status and job training during secondary school. It should be noted that many of the individuals in the study had been able to obtain some employment in the past although most were not currently employed. This suggests that these adults are able to get jobs but they may have difficulty keeping them. Such things as lack of social skills, lack of appropriate personal hygiene techniques, failure to work quickly enough, and lack of cooperation have all been implicated in research as reasons that IMHs fail to keep jobs once they have gotten them (Benz & Halpern, 1987; Ford et al., 1984; Foss, Auty, & Irvin,1989; Greenspan & Shoultz, 1981; Schloss et al., 1993; Schloss, Hughes, & Smith, 1989).

The finding of this study appears to support other research findings. Studies by Frank et al. (1990), Hasazi, Gordon, Roe et al., (1985), Wehman et al. (1982), and Wehman et al. (1985) also found that vocational programs and/or job experiences at the secondary level do not have a great impact on employment once the IMH leaves school. This may be due to the nature of the career awareness and vocational training programs provided by schools as

suggested by Wehman et al. (1982) and Kanchier (1990).

A factor that could have affected employment status in this study was the availability of jobs. Goldberg, McLean, LaVigne, Fratolillo, and Sullivan (1990) found this to be a significant factor in the employment status of IMHs in their study. Employment opportunities even for the normal population in the geographic area studied have not been plentiful. At the time this study was conducted, the rate of unemployment for the general population of the area was approximately 12.3%. Statistics reported by Employment Canada for 1993 indicated that the national unemployment rate for the general population was 11.4% for the same time period.

Caution must be exercised when comparing the unemployment rates of the general population with that of the disabled population. It should be noted that employment figures are based on the sector of the population that is actively seeking employment. Even the figures given for the "disabled" population only include those who are looking for work and registered with Employment Canada. The population that was involved in this study has been considered unemployable and would not have been included in the figures given by Employment Canada. It would be necessary to conduct further investigations using a non-handicapped control group to establish whether current conditions in the labour market are indeed affecting competitive and supported employment opportunities for IMHs.

Attitudes of employers and members of unionized groups of employees in the geographic area studied could also be a hindrance to employment for the MH. Some labour unions have restrictions or limitations on who is eligible to work on unionized job sites. Attitudes of employers and potential co-workers toward non-unionized personnel may restrict the IMH from performing at his or

her maximum capacity.

Question 2

For IMHs who left school prior to 1993, do individuals with mental handicaps in the moderate range of functioning obtain employment more readily than those in the low range of functioning?

Level of functioning did not appear to have a great impact on obtaining employment in this study. In the moderate range of functioning, 39% of the individuals were employed as compared with 32% employed in the low range of functioning. This is in agreement with previous findings by Hasazi, Gordon, and Roe (1985), Hasazi, Gordon, Roe et al. (1985), Wehman et al. (1982), and Wehman et al. (1985) who found that individuals with severe and moderate mental handicaps were equally successful in obtaining employment.

Although level of functioning within the MH population does not appear to have a major impact on obtaining employment, the unemployment rate for the MH population in this study (62%) compared with the normal population for the area studied (12.3%) suggests that level of functioning could be a factor in obtaining employment for IMHs. Delays in development such as those experienced by IMHs can cause difficulties at work sites.

Because individuals with mental handicaps are slow to develop in most areas, adults who have a mental handicap often exhibit delays in social and intellectual functioning. Intellectually, these individuals seem to have difficulty in behaviours that require strategies for acquiring information, storing information and generating strategies for retrieving information (Das, 1983). These difficulties cause concern regarding skills necessary to carry out work-related and everyday living tasks. The inability to generalise skills from one situation to another increases the need for constant teaching and supervision at

integrated work sites. Although some IMHs are able to generalize skills with a minimum of training, others require multiple training situations to achieve generalization (Westling & Floyd, 1990).

Difficulties in making adjustments at integrated work sites also could be caused by the inability to "read" social situations (Greenspan, & Shoultz, 1981). Many IMHs have difficulties in making social judgments because they fail to understand what others are thinking or feeling, to make sense of a social situation, or to understand what makes another person "tick". They also have difficulty understanding how to influence the behaviour of others (Greenspan & Shoultz, 1981). Difficulties in social relationships could affect interactions with co-workers and employers.

Question 3

For IMHs who left school prior to 1993, is full-time employment more prevalent than part-time employment?

One-half of the individuals in this study were employed full-time while one-half worked part-time. This is a more even distribution than had been found in previous research. In other follow-up studies, part-time employment was more prevalent (Frank et al., 1990; Haring & Lovett, 1990; Hasazi, Gordon, Roe et al., 1985; Hasazi et al., 1989; Liebert et al., 1990).

The finding that 20 of the individuals employed full-time were working in sheltered situations as compared to two employed full-time in supported and competitive positions does, however, support other research. Frank et al. (1990), Hasazi, Gordon, Roe et al., (1985), Wehman et al. (1982), and Wehman et al. (1985) also found that those IMHs employed in sheltered workshops were the only ones maintaining long-term, full-time employment. The findings in this study for part-time employment were almost the reverse of the full-time findings.

Nineteen individuals were employed in part-time supported and competitive positions as compared to three in part-time sheltered positions.

Question 4

In the geographic areas studied, is sheltered employment for IMHs more prevalent than supported and competitive employment for IMHs?

This study found that 52% of the employed population were in sheltered situations compared with 48% in competitive and supported situations. This shows that, for the urban area studied, sheltered employment is only slightly more prevalent than are more independent employment opportunities.

For the past three decades, sheltered workshops have been the primary place of employment for IMHs (Frank et al., 1990; Schalock, 1986; Wehman et al., 1982). The fact that sheltered employment has been more prevalent than competitive and/or supported employment in the past could be the results of stereotyping. The attitudes of parents, teachers, service providers, and employers may cause some of the problems with finding and keeping competitive and supported employment for IMHs. Walsh, Rafferty, and Lynch (1991) found that "few parents had expected their sons/daughters to go to work" (p. 160).

For the subjects employed in the sheltered workshops, parents and/or significant others could be concerned about long-term placements. The security and supervision of the sheltered workshop may be one way of easing some parents' fears at least regarding day activity programs. Other fears may also affect parents' attitudes toward competitive and supported employment as the sole means of support for their son or daughter. According to Kaufman, Adams and Campbell (1991),

Older parents who live with and care for an adult child with mental

> retardation struggle with the dilemma of who will provide for their child's social and emotional needs and physical care requirements when, because of poor health or death, they can no longer do so (p. 293).

Parents' may be concerned about adequate supervision and provision for basic needs should their son or daughter become employed and live more independently.

Question 5

For IMHs who have left school, do males who have mental handicaps obtain employment more readily than females who have mental handicaps?

The employment rate for women was particularly poor in this study. Seventy-two percent of the female population who had a mental handicap were unemployed compared with 55% of the males in the study. Similar findings have been reported in other follow-up studies (Frank et al., 1990; Haring & Lovett, 1990; Hasazi, Gordon, & Roe, 1985; Hasazi et al., 1989; Wehman et al., 1982).

A chi-square analysis indicated that there was no significance between gender and whether the subject was employed in dependent or independent types of employment. The finding that fewer females are employed but that those who are employed seem to have equal access to similar types of employment as males suggests that overall expectations for females who have mental handicaps could be different from expectations for males who have similar handicaps. This could be the result of a stereotyping combination of being female and having a mental handicap, or a societal expectation for women in general.

Other Factors That Could Affect Employment

In addition to the factors already mentioned that could have an effect on

employment for IMHs, research suggests that the following factors could also play a part. Many adults with mental handicaps do not have learned reinforcers such as a sense of accomplishment and societal approval for working that are experienced by the rest of society (Ford et al., 1984). A long history of failure has engendered behaviour patterns in IMHs not commonly found in the non-handicapped. The MH exhibit "learned helplessness" and "outerdirectedness" in which they rely on those in their environments to either "do" for them or "cue" them as to what they should do (Carr, Borkowski, & Maxwell, 1991). Many IMHs have low opinions of their capabilities and low opinions of themselves. Often the family of the IMH has never considered this person capable of meaningful participation in community life (Haring et al., 1991; Walsh et al., 1991).

The general tendency has been to focus on the "mental age" of the MH rather than on their chronological age (Wolfensberger, 1972). This has detracted from the need to design appropriate programs for these people. Even in instances in which older adults with mental handicaps live in facilities for those with special needs, there is a tendency to provide services that reflect programs designed for much younger people (Calhoun & Calhoun, 1993; Lakin, Anderson, Hill, Bruininks, & Wright, 1991).

Until recently, there has been the belief that people with intellectual and language limitations cannot accurately perceive their own problems and needs (Schloss et al., 1993). The idea that IMHs and/or their significant others are capable of making decisions regarding their needs has not always been a consideration when designing programs.

Research has found that IMHs are, indeed, capable of identifying skills they need to function in the community (Foss & Bostwick, 1981; Lovett & Harris, 1987). In consultation with both clients and service providers, Foss and

Bostwick (1981) found that both groups when interviewed independently of each other voiced these same areas of concern:

> Employment domain: (a) finding a job; (b) getting along with the boss; (c) interviewing for a job; and (d) working fast enough. In the community living domain the concerns were: (a) being treated differently from others; (b) transportation; (c) budgeting and handling money; and (d) interacting satisfactorily with members of the community. Concerns regarding social relationships were: (a) finding and keeping friends; (b) communication skills; (c) family relationships; and (d) romantic/sexual relationships (p. 70).

Another factor that could influence the IMH's performance in the work force is the ability to make choices. Most adults with mental handicaps have had limited practice in making decisions for themselves. Those who move into independent community settings are expected to make choices that have serious consequences regarding their daily living yet they have had no scaffolding on which to build decision-making skills. Some studies, however, suggest that even severely handicapped individuals can learn to make choices (Dattilo & Rusch, 1985; Realon, Favell, & Lowry, 1990).

At a workshop sponsored by the American Association on Mental Retardation and the Resource and Training Centre on Community Living at the University of Minnesota in 1990, the importance of choice and opportunity for self-expression and self-determination was expressed by people with disabilities.

> Speaking for yourself begins in day-to-day life. To learn to act as a responsible adult, other people have to see you and treat you as a responsible adult every day. A person's ability to speak for himself or herself grows when others firmly believe that the person has the right to choices,

> both in everyday life and in setting life goals. . . . We know better than ever what we want -- homes, a choice of jobs, personal assistance, and people out of institutions and nursing homes. (Bruininks, 1991, p. 247).

When considering competitive and supported employment opportunities the IMH is also faced with factors that discourage permanent, full-time employment. In this study, conversations with many of the IMHs who were unemployed and/or their significant others revealed a concern regarding loss of government support such as disability pensions, income assistance and/or adult residential funding should the individual become employed full-time. All but four of the participants in this study were receiving funding from one or more of these sources and were allowed to earn $150 per month without penalty. After reaching this amount, their pensions were reduced on a "dollar earned a dollar deducted" basis.

With the exception of six individuals, the participants possessed provincial health cards for medical expenses not covered by Medicare. Provincial health cards are available to individuals who receive disability pensions and/or social assistance. Coverage under the provincial health card includes prescription medications. Since many of the subjects indicated that they were on medication that in some cases cost as much as $200 per month, the provincial health card was seen as a necessity. If the IMH became employed, he or she would no longer qualify for assistance benefits and would lose the health card.

Social assistance programs in Canada are structured so that they effectively lock recipients into the system through a variety of economic "traps". Rules regarding liquid assets make it difficult for individuals to have sufficient funds for emergency purposes, special needs, or education interests. Under

the Canada Assistance Plan, the federal government covers half of the social security benefits paid by the provinces and territories. The federal government requires that any recipient of such cost-shared benefits have no more than $2,500 in cash or in assets that can readily be turned into cash. This liquid asset limit is $3,000 if the recipient has a disability. Most of the provinces and territories, however, have set their own limits for liquid assets at levels considerably lower than the federal government limits. Guidelines pertaining to exemptions for earnings discourage recipients from earning money through employment (Torjman, 1988).

The subjects' indications that these financial restrictions were definite deterrents to accepting full-time, permanent employment for wages were consistent with the findings of Goldberg et al. (1990), Kiernan et al. (1988), Wehman et al. (1982), and Wehman et al. (1985). It would appear that the present social benefits systems in both the United States and Canada have as much if not more of an effect on post-secondary employment for IMHs than does job training in secondary school. It appears necessary to determine what changes the government must undertake to insure that all individuals who have a disability are able to compete in the labour market without fear of ending up with less money coming in.

In addition to the factors mentioned, research shows that, even when an IMH is placed in a competitive or supported position, there are difficulties in maintaining individuals who have need of support at employment sites. According to Ford et al. (1984), IMHs who have been trained to competitive levels in vocational skills remain handicapped by the lack of adequate systems for maintaining them on the job and assuring that the quality of their lives is in fact enhanced by competitive employment. Although on-the-job training and

supervision appears to ensure adequate results in avoiding difficulties in social interactions and reduced on-task behaviours, after the support is removed the individual often begins to regress and is unable to maintain an acceptable rate of work or level of independence (Ford et al., 1984; Shafer, Banks, & Kregel, 1991; Wehman et al., 1982). Adults who have mental handicaps tend to face job threatening vocational problems long after the normal period of agency intervention is past. In the Ford et al. (1984) study of 53 graduates with mental handicaps who had worked in supported employment situations for at least one year, only eight had needed no intervention after the first six months. In addition, of ten clients who looked for jobs on their own after quitting or being dropped from the supported employment program, only two had been successful at finding a job and keeping it for at least six months.

Shafer et al. (1991) found that as many as 20% of IMHs may require additional placement and training services to reenter the labour market after a job loss. One of the challenging implications of these results is that supported employees experience movement in the labour market that results in changing support needs. Support agencies have been unable or unwilling to provide the necessary funding for replacement and retraining services. They provide supported employment funding on a time-limited basis until employees are considered to be stabilized in their jobs. Agencies then must face the difficult decision of replacing a veteran supported employee who has lost his/her job or providing placement services to individuals awaiting their first placement. To counter this problem, greater access to post-employment funding needs to be provided to meet the replacement needs of supported employees (Haring & Lovett, 1990; Shafer et al., 1991).

Summary

This study found that there was no significant difference in current employment status of IMHs and job training received in secondary school programs. Level of functioning within the MH population also did not have a significant impact on finding employment. Although there was an equal distribution of subjects employed full-time and part-time, those employed full-time were most often in sheltered employment positions. Sheltered employment was only slightly more prevalent than supported and competitive employment in the urban area studied.

The study did find that more males with mental handicaps were employed than were females with similar handicaps. Gender, however, did not appear to affect whether the employment was in sheltered situations or in competitive and/or supported situations.

Conversations with unemployed IMHs and/or their significant others revealed a concern regarding loss of current financial support if the IMH were to become employed full-time in a competitive and/or supported position. Provision for support after the individual has been discontinued from the agency providing the initial training is also a problem for individuals who need additional support at work sites. Past research suggests that other factors such as limited expectations, learned helplessness, and the belief held by others that the IMH cannot accurately perceive his/her needs may also be hindering success in the area of competitive and supported employment.

Implications for Future Research

Public school systems have been concerned with the effectiveness of the educational programs being provided to IMHs. Inconclusive as this study has been, it suggests that further study is warranted. Research must be conducted

to investigate why the majority of IMHs are working in employment-related settings that do not promote independence.

In future follow-up studies, a control group of non-handicapped adults should be included for comparative purposes. A random sampling of non-handicapped persons graduating the same time from the same schools as the subjects who have a mental handicap would provide a more realistic look at the availability of jobs for both populations. A closer look at the lives of graduates would also improve the data. A more ethnographic approach that would include long-term observations of the subjects in all the life domains through more in-depth interviewing would supply a broader picture.

In addition, future research should investigate types of employment available as well as the effects that employer expectations and co-worker reactions have on the employment success of the MH. It is suggested that the impact of unions on employment for the MH be investigated. The rules and regulations governing employment in most unionized environments may exclude the IMH or may make it difficult to find meaningful employment at unionized job sites.

It is imperative that data emerge to explain why women who have mental handicaps are so under-employed. Seventy-two percent of the women in this study were unemployed. This finding may reflect a broad societal problem that is not specific to women who have mental handicaps. Increased awareness of gender in the employment of all adults with disabilities should generate educational interventions designed to promote vocational training, job placement, and maintenance for all young women with disabilities.

Conclusions

Adults who have mental handicaps must be prepared to perform in

complex, multivariant social, vocational, and residential environments. This suggests that secondary school programs should promote integrated social development as well as community, vocational and daily living competence. Educational programs as early as preschool and elementary school should build in opportunities and expectations for choice-making and self-advocacy.

Although competitive and supported employment appear to be attainable for the MH population, it is a mistake to assume that individuals who require extraordinary levels of support in order to achieve and maintain higher skill levels throughout school should be able to graduate and generalise their skills without special support. As Crawford (1992) points out, having access to needed personal support services, aids and devices, rehabilitation, transportation and a range of other services is critical to successful post-secondary training and employment for the MH.

For the urban area studied, educational programs at all levels must provide training and experiences in the areas of social development, career choices, and employment-related skills. Employment sites must be evaluated and contact and negotiations with unions must be made to determine how to integrate the individual with a mental handicap into unionized work sites in real and meaningful jobs. Disincentives such as those imposed by social assistance systems must be eliminated and discussions with government must promote the IMH as a true member of society with the potential for independent living.

The current survey shows a need for more in-depth investigation as to why the unemployment rate is so high for the MH population in the urban area studied. Is it because schools and families have low expectations and therefore do not provide proper and necessary training?; Is it because the very

characteristics of the IMH hinder success in the employment environment?; Is it that disincentives built in to the social assistance system are affecting employment?; or, Is it that there are limited employment opportunities even for the general population?

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Appendix A

Employment Survey Questionnaire

Date of Birth: _____

Day/Month/Year

Sex: Male ( ) Female ( )

Marital Status: _____

Native Language: English ( ) French ( ) Other ( )

Years in School: ___ Last Date Attended: _____

EDUCATION:

Elementary ( ) Work-Study ( )

Junior High ( ) W/S-Life Skills ( )

Senior High ( ) Auxiliary Classes ( )

Other ( ) (Specify) _____

Post-secondary (Specify) _____

EMPLOYMENT:

Are you presently employed? Yes ( ) No ( )

How many hours per week? _____

How long have you been employed? _____

What type of work do you presently do?

_____

Do you receive support? On-site ( ) Follow-up ( ) None ( )

Number of previous jobs? _____

Average duration of previous jobs? _____

How long since last job? _____

Was last employment full or part-time? FT ( ) PT ( )

In your last job, what type of work did you do?

_____

What was the reason for leaving your last job?

Lay off/no work	( )	Left to take other job	( )
Lay off/subsidy ended	( )	Work/Study ended	( )
Health	( )	Disliked job	( )
Dismissed	( )	Residential change	( )

Other (Specify): _____

INCOME:

What is your present source of income?

Income assistance	( )
Provincial disability pension	( )
Adult residential facility	( )
Employment	( )
Unemployment insurance	( )
Federal pension	( )
Supported by family	( )
Other (Specify): _____	( )

Do you possess a provincial health card? Yes ( ) No ( )

Are there any health reasons that prevent you from working?

Yes ( ) No ( )

If yes, please specify: _____

Comments:

Name: _____

Address: _____

Postal Code: _____ Telephone: _____

Significant Other and Relationship:

_____

Address: _____

Telephone: _____

Appendix B

Review of the Procedures

The following procedure was used when preparing the assistant to help administer the questionnaires and to conduct the interviews with the participants in the survey.

1. The assistant helped in the preparation of the questionnaire.
2. A review of the purpose of the larger survey and the study described here were conducted to ensure that the assistant was fully acquainted with the required data and the reasons for gathering it.
3. The questionnaire was then reviewed with the assistant and the need to avoid leading questions was emphasized.
4. The researcher and assistant practised administering the questionnaire to each other.
5. During the pilot testing of the instrument and procedure, the assistant conducted the interviews and the researcher observed to ensure that correct procedures were being employed.

Appendix C

Instructions Given at Interview

The current survey is being conducted to determine how many individuals with mental disabilities in this region are employed and the types of employment they have. The information gathered will be used to determine the employment needs in the area in order to approach government departments to provide supports for competitive employment in this region.

Dawn Linton, a teacher in the region and a graduate student at the University of Alberta, Edmonton, Alberta, will be conducting a study of the relationship between education programs and employment for individuals with mental disabilities using the information provided in the interviews. This study is being conducted to determine whether school programs are successfully preparing individuals such as yourself for employment in the community.

This interview will take between 30 and 45 minutes to complete and will contain questions regarding your education, employment, and living arrangements. You do not have to answer any or all of the questions and you do not have to participate. If you start the interview process and wish to stop at any time, you are free to do so. You need only contact the interviewer and all information you have given will be destroyed. Your agreement to be interviewed will be considered your consent to take part in the study. It will also be understood that the information you give with the exception of your name, address and telephone number can be used and published as part of the study.

All names, addresses and telephone numbers will be removed from the questionnaires as soon as the interview is finished and a number will be put on the personal information and the questionnaire. These will be kept separately in a locked cabinet at the office of the researcher. Names, addresses and

telephone numbers will only be used in case future contact is needed. Do you have any questions regarding this process?